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## BIB DATA SHEET

CONFIRMATION NO. 6059

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/723,250	11/26/2003	514	1612	3518.1024-000	
<b>RULE</b>					
<b>APPLICANTS</b> Thomas M. DiMauro, Southboro, MA; Mohamed Attawia, Canton, MA; Hassan Serhan, South Easton, MA; Melissa Grace, Raynham, MA; Michael Slivka, Taunton, MA; Thomas G. Ferro, Fort Wayne, IN; Vivek N. Shenoy, Sunnyvale, CA; Alonzo D. Cook, Lakeville, MA; Scott Bruder, Sudbury, MA;					
<b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/11/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /SNIGDHA MAEWALL/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance SM Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 13	<b>TOTAL CLAIMS</b> 89	<b>INDEPENDENT CLAIMS</b> 13
<b>ADDRESS</b> HAMILTON, BROOK, SMITH & REYNOLDS, P.C. 530 VIRGINIA ROAD P.O. BOX 9133 CONCORD, MA 01742-9133 UNITED STATES					
<b>TITLE</b> Local intraosseous administration of bone forming agents and anti-resorptive agents, and devices therefor					
<b>FILING FEE RECEIVED</b> 3002	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		